

TELEPHONE (312) 258-5500



SCHIFF HARDIN LLP

PATENT DEPARTMENT
6600 SEARS TOWER
233 SOUTH WACKER DRIVE
CHICAGO, ILLINOIS 60606

In re application of: Torsten Niederdränk

CONFIRMATION NO.: 2643

Serial No.: 10/608,589

GROUP ART UNIT: 2643

Filed: June 27, 2003

EXAMINER: Ensey, Brian

DOCKET NO.: P03,0228

For: MODULAR HEARING AID DEVICE

AMENDMENT "A"

Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS		MINUS		X	() X 25.00 () X 50.00	
INDEP. CLAIMS		MINUS		X	() X 100.00 () X 200.00	
Application amended to contain any multiple dependent claims not previously paid for.				() YES () NO	() \$180.00 () \$360.00 ONE TIME	
				TOTAL ADDITIONAL FEE FOR THIS AMENDMENT		\$0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.
- ☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated _____ for _____ month(s) so that the period for response is extended to _____. A check in the amount of \$ _____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ _____ is attached.
- ☐ A check for \$ _____ accompanying IDS under 37 CFR 1.97(c) is attached
- ☐ A check for \$ _____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.
- ☒ The Director is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.
- When phoning re this application, please call (312) 258-5500.

SCHIFF HARDIN LLP (Customer Number: 26574)

Patent Department

BY Mark Bergner (45,877)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313-1450 on JAN 09, 2005

Mark Bergner

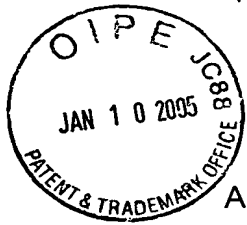
NAME OF APPLICANT'S ATTORNEY

Mark Bergner

SIGNATURE

DATE

Appl. No. 10/608,589
Reply to Office Action of October 6, 2004



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AMENDMENT A

APPLICANT: Torsten Niederdränk DOCKET NO: P03,0228
SERIAL NO.: 10/608,589 ART UNIT: 2643

FILED: June 27, 2003 EXAMINER: Ensey, Brian
CONF. NO.: 8450
TITLE: MODULAR HEARING AID DEVICE

5 Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Dear Sir:

10 In response to the Office Action dated October 6, 2004 ("OA"), please
amend the above-identified application as follows.

Amendments to the Claims are reflected in the listing of claims which
begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.

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